WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 5559 N.R.

1. PLACE OF DEATH
County 791 Registration District No. 1003 File No.
Township Primary Registration District No. Registered No. 1807
City St. Louis, Mo. (No. , St. Louis Maternity Hospital 0 Ward)

2. FULL NAME Nichols, Bernice Denny
(a) Residence, No. 1716 10th. St. St., Ward 07 Sacramento, California
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nichols, Ernest Elmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 23, 1902

7. AGE: Years 38 | Months 8 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Hill, Missouri

FATHER
13. NAME James V. Denny, M.D.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

MOTHER
15. MAIDEN NAME Powers, Verona
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

17. INFORMANT Ernest E. Nichols
(ADDRESS) Sacramento, California

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE 2/26/41, 19

19. UNDERTAKER Albert H. Hoppe
(ADDRESS) 4700 Washington Ave.

20. FILED FEB 25 1941 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1941, to Feb 24, 1941
I last saw h. alive on Feb 24, 1941. Death is said to have occurred on the date stated above, at 1:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease. Mitral Stenosis. Embolus to Brain. Thrombi in heart & Brain,	
147C	

Other contributory causes of importance:
Pregnancy & Parturition. Caesarean Section

Name of operation Caesarean. Date of Feb 1941
What test confirmed diagnosis? Autopsy. Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Melvin A. Robles, M. D.
(Address) 3720 Washington.

Cm. blank signe